

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 8:00 am
Secretary of State

02-11-2008 90049 021 ***150.00

DOCUMENT # P98000011382					
1. Entity Name ALL FLOORS CORP.					
Principal Place of Business 17833 S. DIXIE HWY. MIAMI, FL 33157			Mailing Address 17833 S. DIXIE HWY. MIAMI, FL 33157		
2. Principal Place of Business - No P.O. Box # 20256 Old Cutler Rd		3. Mailing Address 20256 Old Cutler Rd.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Miami FLORIDA		City & State Miami FLORIDA		4. FEI Number 65-0807041	
Zip 33189		Country USA		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RUBALCABAL, LUIS M 17080 SW 92 AVENUE MIAMI, FL 33157			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD RUBALCABAL, LUIS M 17080 SW 92 AVENUE MIAMI, FL 33157		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD Rubalcabal, Luis M 20256 Old Cutler Road MIAMI FLORIDA 33189	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RUBALCABAL, SILVIA M 17080 SW 92 AVENUE MIAMI, FL 33157		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Rubalcabal SILVIA M 20256 Old Cutler RD. MIAMI FLORIDA 33189	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date</small>				<small>Daytime Phone #</small>	